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CONFIRMATION NO. 4442

Bib Data Sheet

SERIAL NUMBER 10/618,140	FILING OR 371(c) DATE 07/10/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 06-00474US05
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/369,980 02/18/2003 PAT 7,288,096  
 which is a CIP of 10/347,212 01/17/2003 ABN  
 which is a CIP of 10/346,663 01/17/2003 PAT 7,264,587  
 which is a CIP of 10/140,309 05/06/2002  
 which is a CON of 09/635,721 08/09/2000  
 which claims benefit of 60/148,130 08/10/1999  
 and claims benefit of 60/150,737 08/25/1999

This application 10/618,140  
 is a CIP of 09/779,715 02/08/2001 PAT 6,569,082  
 which is a CON of 09/738,608 12/14/2000 ABN  
 which is a CIP of 09/635,345 08/09/2000 PAT 7,398,781  
 This application 10/618,140  
 is a CIP of 10/006,321 12/04/2001 PAT 6,706,052  
 which is a CON of 09/915,695 07/25/2001 PAT 6,428,556

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/08/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

87836

**TITLE**

APPARATUS AND METHOD FOR ENDOSCOPIC ENCIRCLEMENT OF PULMONARY VEINS FOR EPICARDIAL ABLATION

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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